

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:

Ming-Jun Li, et al.

Serial No:

10/044,455

Filing Date:

01/11/2002

Title:

WAVEGUIDE FIBER FOR

DISPERSION AND SLOPE

COMPENSATION

Group Art Unit: 2877

Examiner: Michael P. Mooney

RESPONSE

Mail Stop Non-Fee Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO THE EXAMINER'S 1st OFFICE ACTION

In reply to the Office Action dated November 24, 2003, please enter the following Amendments and consider the Remarks as follows:

The Listing of the Claims start of page 2.

The Remarks start on page 6.

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

SP01-029

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA									THAN			
TOTAL OLANA			(Column 1)		(Column 2)		i i	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS		16					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Û	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			· Illinus 20=		•			X\$ 9=		OR	X\$18=	
				us 3 = *				X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	280
* If the difference in column 1 is less than zero, enter "					"0" in c	column 2	•	TOTAL		OR	TOTAL	-
	C	LAIMS AS A	MENDED - PART II						•	OTHER THAN		
					nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• 20	Minus	# 2	0			X\$ 9=		OR	X\$18=	
AME	Independent	* 5	Minus	ENDENT	3	- 5		X42=	`	OR	X84=	172
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, [+140=.		OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	1) 2
		(Column 1)		(Colun	nn 2\	(Column 3)		VDDIT. FEE			ADDII. PEEI	
		CLAIMS		HIGH	EST	Columna	1 1		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		3		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MU	Minus	***	CL AINA	=		X42=		OR	X84=	
	rinoi Prese	INTATION OF MIC	JLIIPLE DEF	EIADEIAI	CLAIN		, [+140=		OR	+280=	
								TOTAL		OR	TOTAL	
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		CLAIMS	4.1.	HIGH		Column 37	1 6		400:	1		4001
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		aí	Н	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	###		a .]	X42=			X84=	
٩	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		1	7.120		OR	7,012	
•	f the entry in colu	mn 1 is less than th	ne entry in colu	mn 2. write	"O" in col	umo 3.		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											